STATE OF UTAH GOPB BUDGET IMPACT FORM

1) Grant Title:

2) Federal Catalog Number: | **3) State Application Identifier (SAI#):** | Official Use Only:

4) Federal Funding Agency: | **5) Grant Type (circle):**   New   Reapplication   Revision

6) Description and Purpose of Federal Grant:

7) Was this grant submitted in your agency's budget proposal through the annual Federal Funds Request Summary Report?   Yes   No

8) Total Funding Sources

(PLEASE PROVIDE EXPLANATION OF ALL MATCHES IN THE COMMENTS SECTION)

State Fiscal Year	Annual Federal Award	Other Matching Funds from Non-State Entities	MATCHING STATE DOLLARS						Total Funds
			General Fund	**Dedicated Credits**	**Restricted Funds**	**Other** (Write In) _____	**In-Kind** (describe in #15)	**Maintenance of Effort**	
FY 2007 Actual									
FY 2008 Authorized									
FY 2008 Supplemental									
FY 2009 Requested									

9) Percent of grant monies passed through to local governments/private entities: | **10) Identify pass through recipient(s):**

11) Will additional state monies be required to continue this program if this grant expires or is reduced?   Yes   No   (if "Yes" explain in comments section or on a separate sheet)

12) Additional FTEs the grant requires: | **13) Are these permanent FTEs?**   Yes   No   (if "Yes" explain in comments section or on a separate sheet)

14) What federal requirements must the state meet as a condition of receiving monies and what impact will these requirements have on policy? (use separate sheet if needed)

15) Comments:

16) Address of federal agency application sent to:

17) Your Contact Information:

a) Department: | d) Contact:

b) Line Item / Division: | e) Phone #:

c) Program: | f) Date:

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